State of Vermont *Agency of Human Services*
Department of Mental Health
Office of the Commissioner [phone] 802-951-1258
108 Cherry Street, PO Box 70 [fax] 802-951-1275
Burlington, VT 05402-0070 [tty] 800-253-0191
healthvermont.gov/mh

Legislative Brief
Vermont State Hospital Futures Project

The first of a series, this brief is to inform key policy makers about the status and progress of the Vermont State Hospital Futures project and significant milestones at Vermont State Hospital.

Vermont State Hospital

The most recent in-house **census** figures for the Vermont State Hospital, averaging 43.2 patients, indicate a sustained reduction in average census compared to a similar 45-day time period one year ago. This can be attributed to new community residential recovery services coming online.

Accreditation of Vermont State Hospital appears realistic following the **Joint Commission's** two site visits, one with a clinical focus and the other concerned with life safety standards. The VSH generally meets accreditation standards for clinical programming and complies with life safety standards, requiring a very limited number of corrective actions that are already in process. The Joint Commission will next issue two reports, clinical and life safety, that will be posted for comment for 45 days. Temporary accreditation could be granted at that time. A future visit to confirm that standards achieved are being sustained could result in permanent accreditation.

VSH applied for **certification** by the Centers for Medicare and Medicaid Services (CMS). A site visit may occur anytime to evaluate general compliance with CMS standards. CMS delegates the review process to the Vermont Department of Disabilities, Aging and Independent Living. If found in compliance, VSH must demonstrate adherence to standards for up to six months. CMS could then **certify** VSH. The Agency of Human Services will claim for services at VSH under Vermont's Global Commitment Waiver once VSH becomes certified., yielding federal receipts for the operation of the state hospital.

The Vermont Board of Health recently issued a full **license** to VSH to operate as a hospital. VSH was operating under a temporary license pending progress to implement a plan of correction.

Futures Project

In 2004, the Legislature set in motion a strategic planning process for the future of Vermont's public mental health system. Lawmakers charged the Secretary of Human Services with creating a comprehensive plan for delivery of services currently provided by the Vermont State Hospital (VSH) within the context of long-range planning for a comprehensive continuum of mental health care. This plan was titled the "Futures Plan".

The core of the plan is proposed new investments in the essential community capacities, along with reconfiguration of the existing 54-bed inpatient capacity at the Vermont State Hospital into a new array of inpatient, rehabilitation, and residential services for adults. This plan is consistent with

Vermont's long history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support recovery for Vermonters with mental illnesses in the least restrictive and most integrated settings that promote recovery.

The **community programs** for the Futures project are largely developed.

- The Futures plan called for the development of 20-22 **community residential recovery** beds. The first residential program, Second Spring in Williamstown, is fully operational and will undergo a planned expansion from eleven (11) to fourteen (14) beds this summer, reflecting its full licensed capacity. The second program, a partnership between Health Care and Rehabilitation Services and Retreat Healthcare, Inc., is under a development contract and is planned for six (6) beds resulting in a combined capacity of twenty (20) residential recovery beds. Access to very intensive support services at Second Spring has begun to replace the longer term rehabilitation role provided by Vermont State Hospital, and the six new beds planned for Southern Vermont will help to complete this transition to community-based residential care.

- Nine (9) new **crisis stabilization** beds are open or in final stages of development. This brings the total capacity to twenty-seven (27) crisis beds statewide. These programs are in Vermont's larger population centers: Burlington, Rutland, Barre, Springfield, Bennington, St. Albans, and St. Johnsbury. The crisis beds are designed to divert hospitalizations and/or to shorten the length of hospital stays by providing a highly supportive and medically monitored short term residential service.

- Significant enhancements to the state-wide **rental assistance** fund for clients with severe and persistent mental illness have been allocated to each of the Designated Agencies for use by consumers. These funds help people living on disability income afford market rate housing while waiting for permanent federally-funded subsidies. Access to safe, stable, affordable housing was consistently cited as one of the single most important things to maintaining community tenure and avoiding unnecessary hospitalization.

- The alternative to Sherriff **transportation** for adults and children facing involuntary hospitalization has been piloted and plans will be developed to scale this state-wide. The pilot has been dramatically successful in reducing the number of children transported by sheriff to the Brattleboro Retreat. It is showing only modest impact on the transportation of adults for involuntary psychiatric hospitalization.

Design of a **care management system** has begun.

- Linking the system of beds (residential, crisis stabilization, and inpatient) into a network of collaborating programs in which clients are served in the most clinically fitting level of care requires the development of a consensual system across providers. This calls for an unprecedented level of cooperation and agreement. To help design this system, a consultation team of outside experts to help design a **care management system** is under contract and design work will begin in earnest next month with the medical and administrative leaders of Vermont's psychiatric inpatient and outpatient programs.

Projecting Inpatient Capacity Requirements

The Vermont State Hospital serves multiple functions: acute inpatient care, long term rehabilitation services, secure forensic evaluation, and secure treatment. This multi-mission aspect of VSH makes the question, "How many beds are needed to replace VSH?" difficult to answer definitively. Replacing the Vermont State Hospital requires creating a range of successor programs to serve different populations.

The Futures plan (February 2005) initially estimated the need for thirty-two (**32**) **inpatient beds,** twenty-two (**22**) **community residential beds**, and ten (**10**) **crisis stabilization beds**.

Analysis by an independent actuarial study (Milliman, Inc, 2006) suggested that the number of inpatient beds was dependent on the degree to which community capacities were sustained and new programs implemented. Full implementation of planned community services would require forty-one (**41**) **inpatient beds** to replace VSH. If the status quo continued and no new services were created, Vermont would require sixty-five **(65)** beds by 2016 to replace VSH. This study did not examine the clinical characteristics of program needs of patients served at VSH.

BISHCA awarded a Conceptual Certificate of Need (CCON) for planning to replace the Vermont State Hospital in April 2007. The CCON application was based on a fifty-bed **(50)** projected inpatient need, proposing creation of a single primary inpatient program with one or two smaller inpatient programs to help assure geographic access. Interested parties to this CCON included Fletcher Allen Health Care, Rutland Regional Medical Center, and Retreat HealthCare.

Legislature commissioned an independent study about the Futures project in the summer of 2007. The legislative consultants advised the State to consider:

- A secure (locked) residential program, to be developed and operated by the State, for people who do not need acute, hospital-level care and for whom security, containment, and treatment issues warrant an extremely intensive, non-hospital program.

- Real risk of overbuilding inpatient capacity as fifty **(50)** inpatient beds is likely more than we need. First develop the community programs and secure (locked) residential program. Explore increased access to the existing general hospital psychiatric inpatient programs.

To plan for the psychiatric inpatient needs of incarcerated individuals, the medical directors of the Departments of Corrections and Mental Health completed a study in the fall of 2007. They determined that Corrections would have referred 24 individuals for inpatient care at VSH in the course of a year, requiring 2-4 beds at any given time.

In early 2008, the DMH medical director, William McMains did a three year retrospective of patients at Vermont State Hospital to determine how many beds were required for acute inpatient, secure residential, and community residential recovery. The analysis yielded the following ranges:

- Acute inpatient care → 23-28 beds (at 80% occupancy rate)
- Community residential recovery → 20-22 beds
- Secure residential → 12–15 beds

Summary of Beds Needed

There is no single exact number of beds needed to replace VSH; rather there are different levels of care each of which requires a certain amount of elasticity in order to accommodate day-to-day changes in census flow. Even so, based on the work to date, if the following program types and bed capacities are developed, the current functions of VSH could be replaced.

- Acute Inpatient Beds: 28 beds — Preferably integrated or in proximity to general medical center services and infrastructure.
- Secure Residential: 15 beds — Preferably state-operated and located in Waterbury. (Community leaders support continued location of services in the village.)
- Residential recovery: 20 – 22 beds — Operated by the Designated Agencies – this capacity is currently implemented (Second Spring) or in an early stage of development (Health Care and Rehabilitation Services in collaboration with Retreat HealthCare).

Securing Inpatient Capacity

DMH in partnership with the Department of Buildings and General Services, Finance and Management, and the Office of Attorney General, created a draft framework document outlining what the State requires for services to replace the inpatient mission of VSH. The draft framework covers governance, program requirements, capital development options, and ongoing operations costs. It also describes the roles of the State and partner in planning and development. Negotiation with both Rutland Regional Medical Center and Fletcher Allen Health Care are underway. The draft framework is posted at _____(link).

Rutland Regional Medical Center and the State are currently evaluating new construction on the RRMC campus for a capacity for 25 inpatients. One half of the program would be for VSH-level capacity (12 beds) and the other half would be for the current RRMC program (target census for FY 09 is 12.5).

The construction costs of the facility would be capitalized by RRMC with the state contributing a portion of this cost over time through a rate structure. If this arrangement proves viable, DMH and RRMC expect to complete detailed planning this fall and partner in a Certificate of Need application.

The initial program modeled with **Fletcher Allen Health Care,** a stand-alone facility on the main Burlington campus combining the new VSH-level beds with the current 28-bed program, has been ruled out based on cost. The most feasible development option with FAHC is to combine development of the new VSH-level beds with a larger inpatient replacement project that Fletcher Allen expects to undertake in the future. We have presented the draft framework to Fletcher Allen and have requested that they model developing up to twenty (20) new acute care psychiatric inpatient beds with the larger facility master plan.

Unfortunately the timeframes for the larger Fletcher Allen project are as yet undetermined and likely would not start construction prior to 2015-2016.

If the project with RRMC proves viable, then the remaining needed inpatient capacity is 16-beds, a program size that the State could operate and receive federal matching funds beds. We are assessing the relative costs and benefits of a state-operated 16-bed program (located in central Vermont).

Secure Residential

A secure residential treatment facility will address the treatment and security needs of a sub-set of individuals who are currently treated at VSH. Development of a secure residential treatment facility will not only serve these populations but also limit the needed inpatient capacity to 28 beds.

This program addresses important system issues by providing a secure treatment environment to:

- Complete forensic evaluations for people who do not require hospital-level care.
- Restore competency for individuals undergoing an adjudication process.
- Target rehabilitation and behavioral services to reduce dangerous behavior (self-harm and /or assaulting others) such that the individual could be safely transitioned to a less restrictive environment.

DMH proposes to create a 15-bed secure residential program, run by the state, on the Waterbury State Complex campus. The relative merits of three options for this program will be assessed: new construction, renovation to the Dale Women's Facility correctional space (formerly part of VSH), and renovation to the Brooks Building (currently houses VSH patients).

Community Residential Recovery

[Note: the lead-in to the "Summary of Beds needed has 3 bullets and 1st draft addressed just two of these. We should include a paragraph on the residential recovery piece. I can do this.]